

Name
in
Full

Florence M Anderson

Dish

CERTIFICATE OF DEATH

MARYLAND

Died at Fair Hill

Town

Cecil

County

Date

of death

1906

Month

May

Day

19

Age

Years

16

Months

5

Days

13

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John W Anderson

Father's
Birthplace

Maryland

Mother's
Maiden Name

Tillie M Morrison

Mother's
Birthplace

Maryland

Name of person giving
In formation

Tillie M Harlan

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

4 months

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

O. D. Porriess MD

Address

Cherry Hill
MD

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

7-61



Name
in
Full

CERTIFICATE OF DEATH

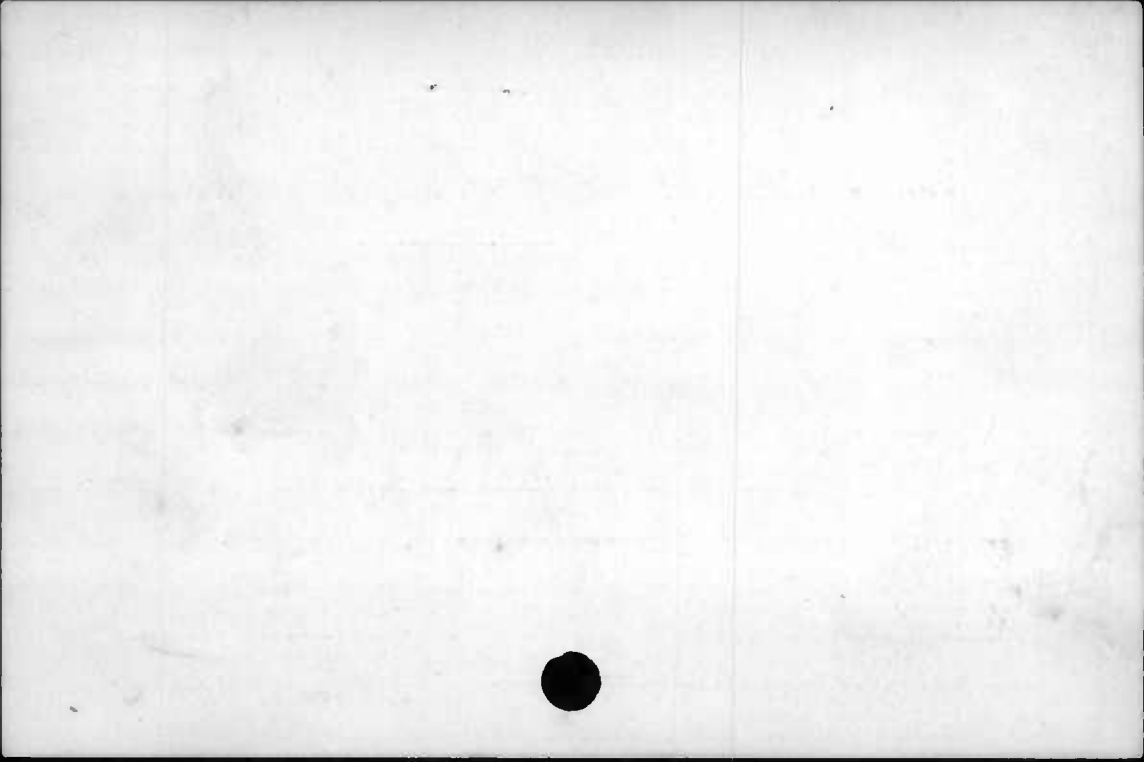
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Green Hurst</i>		Town <i>Green Hurst</i>		County <i>Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>5</i>	Day <i>28</i>	Years <i>47</i>	Months	Days <i>3</i>		
Sex <i>Female</i>	Color or Race <i>Whit</i>		Birthplace <i>Livingston</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Green Hurst</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>It He Armon</i>					
Father's Name <i>John J. Dawson</i>				Father's Birthplace <i>Calvert</i>			
Mother's Maiden Name <i>Mary A. Loomas</i>				Mother's Birthplace <i>Laurelton</i>			
Name of person giving information <i>It He Armon</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>(40)</i>
Immediate <i>neurragia of the heart</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. L. Yaffner</i>
	Address <i>3 Zion Ave</i>
Accident or Suicide?	



Name
in
Full

Cornelia Haine Cleaver

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Chesapeake City ^{County} Cecil

Date of death 1906 Month 5 Day 16 Age 70 Months 2 Days 7

Sex Female Color or Race White Birthplace Cecil Co. Md.

Occupation Housewife Where Residing If not at place of death at home

Married, Single or Widowed ~~Single~~ Name of ~~Widow~~ Husband Thomas J. Cleaver

Father's Name Daniel Karsner Father's Birthplace Maryland

Mother's Maiden Name Eleanor F. Willock Mother's Birthplace Maryland

Name of person giving information W. E. Karsner How related to deceased Brother

CAUSES OF DEATH

Primary Chronic Cystitis ^{suppurative} How long 18 months

Immediate Uremia poisoning How long 5 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. E. Karsner M.D.

Address Chesapeake City Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Elkton</i>		County <i>Cecil</i>	
Date of death	1904	Month	5	Day	1
Sex		Male		Color or Race	White
Occupation		—		Where Residing if not at place of death	
Married, Single or Widowed		—		Name of Wife or Husband	
Father's Name		<i>Hiram Digibert</i>		Father's Birthplace	
Mother's Maiden Name		<i>Mary Leeds</i>		Mother's Birthplace	
Name of person giving information		—		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fell in tub water (Convulsion)</i>	How long	—
Immediate	<i>Drowned</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		<i>H. Arthur Mitchell M.D.</i>	
—		Address	
—		<i>Elkton Md.</i>	
Accident			



Name *Andrew J. Fisher*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Purgittle</i>		Town <i>Purgittle</i>		County <i>Cecil</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>19</i>	Age <i>73</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <input checked="" type="checkbox"/>				
Occupation <i>Fisherman</i>	Where Residing if not at place of death <i>near Purgittle</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Charlotte Fisher</i>						
Father's Name <i>Samuel Fisher</i>	Father's Birthplace <input checked="" type="checkbox"/>						
Mother's Maiden Name <input checked="" type="checkbox"/>	Mother's Birthplace <input checked="" type="checkbox"/>						
Name of person giving information <i>William Scott</i>	How related to deceased <i>None</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>172</i>	How long
Immediate <i>Accidental drowning</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Richard Nelson</i>	
	Address <i>Elkton, Calver</i>	
Accident or Suicide? <i>Accident</i>	<i>md.</i>	



Name

in
Full

Fred Frayer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

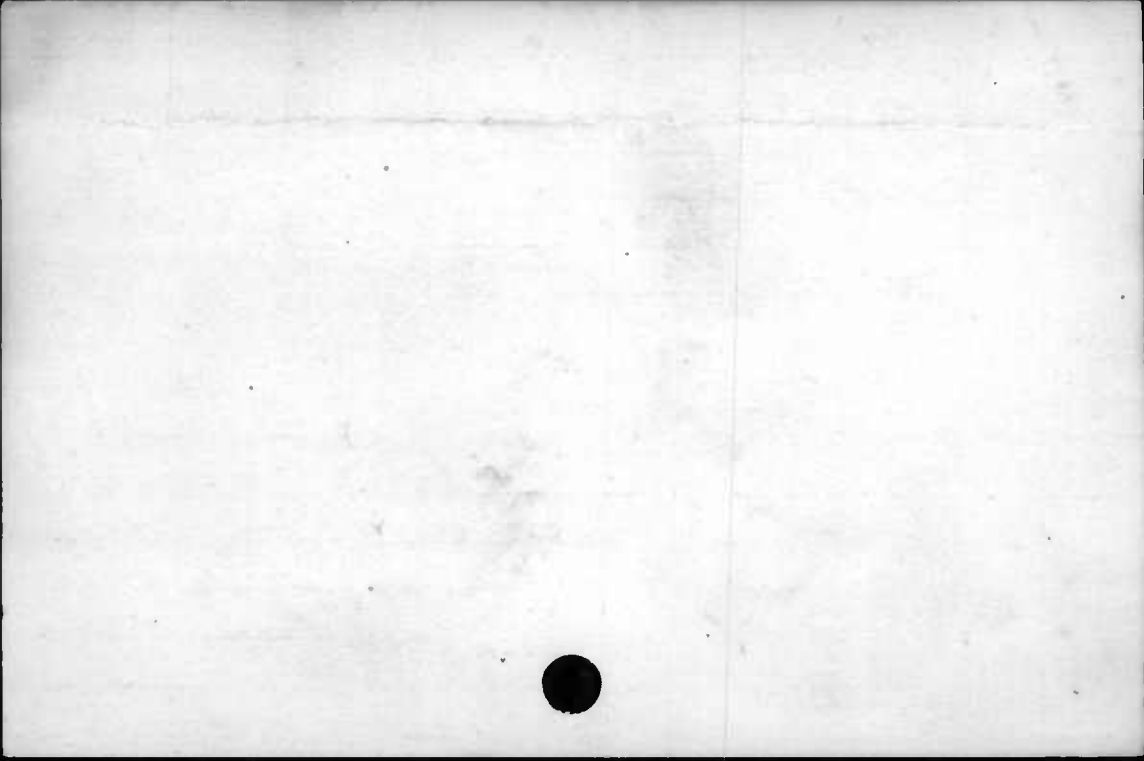
MARYLAND

Died at <i>Elkton</i> Town		<i>Bees</i> County			
Date of death <i>1906</i>	Month <i>5</i>	Day <i>9</i>	Years <i>33</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Butter / Paired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Samuel Frayer</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Annie Boulden</i>	Mother's Birthplace <i>Del</i>				
Name of person giving information <i>John Frayer</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uræmia</i>	How long <i>120</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D Cawley</i>
	Address <i>Bees ton Ind.</i>
Accident or Suicide?	



Name
is
Full

Susan R. Garvin

CERTIFICATE OF DEATH

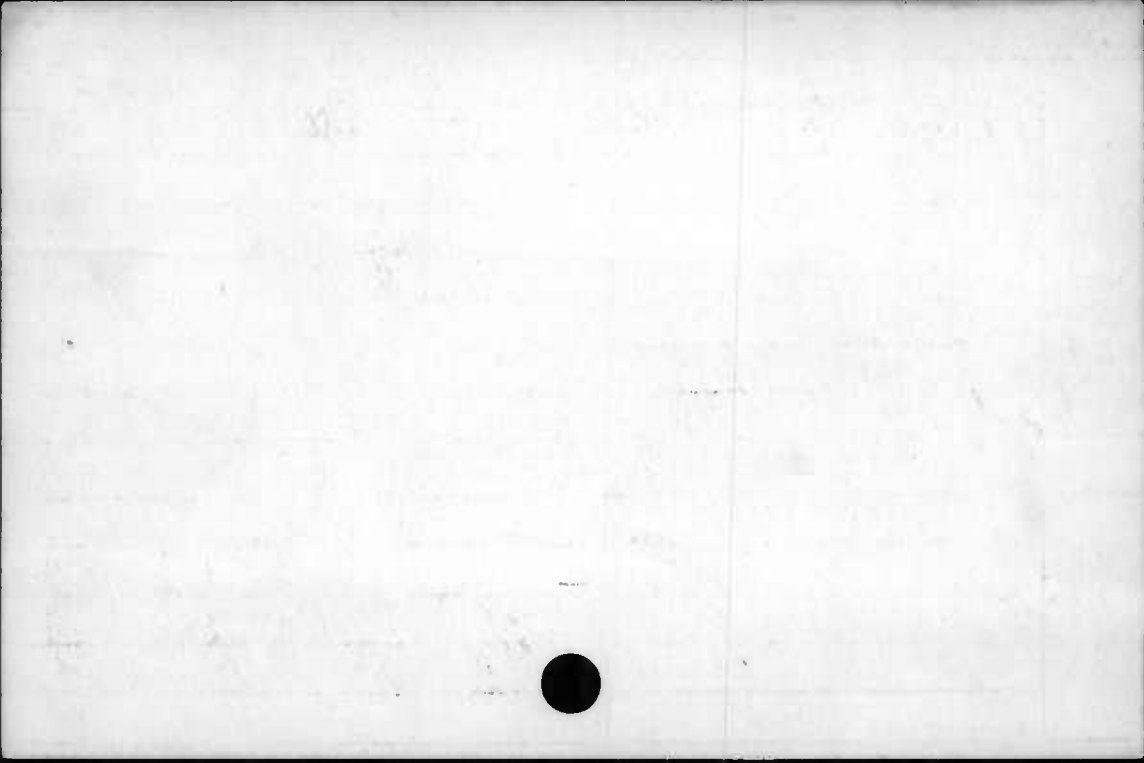
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Springs</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	<i>May</i> ^{Month}	<i>6</i> ^{Day}	Age <i>23</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housework</i>		
Name of Wife or Husband <i>Benj. B. Garvin</i>					
Father's Name <i>William Ferguson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecca Ann Thompson</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Arthur Garvin</i>			How related to deceased <i>No.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Peeples</i>
	Address <i>Kirk Mills Pa</i>
Accident or Suicide?	



Name
in
Full

Elija Hamor

CERTIFICATE OF DEATH

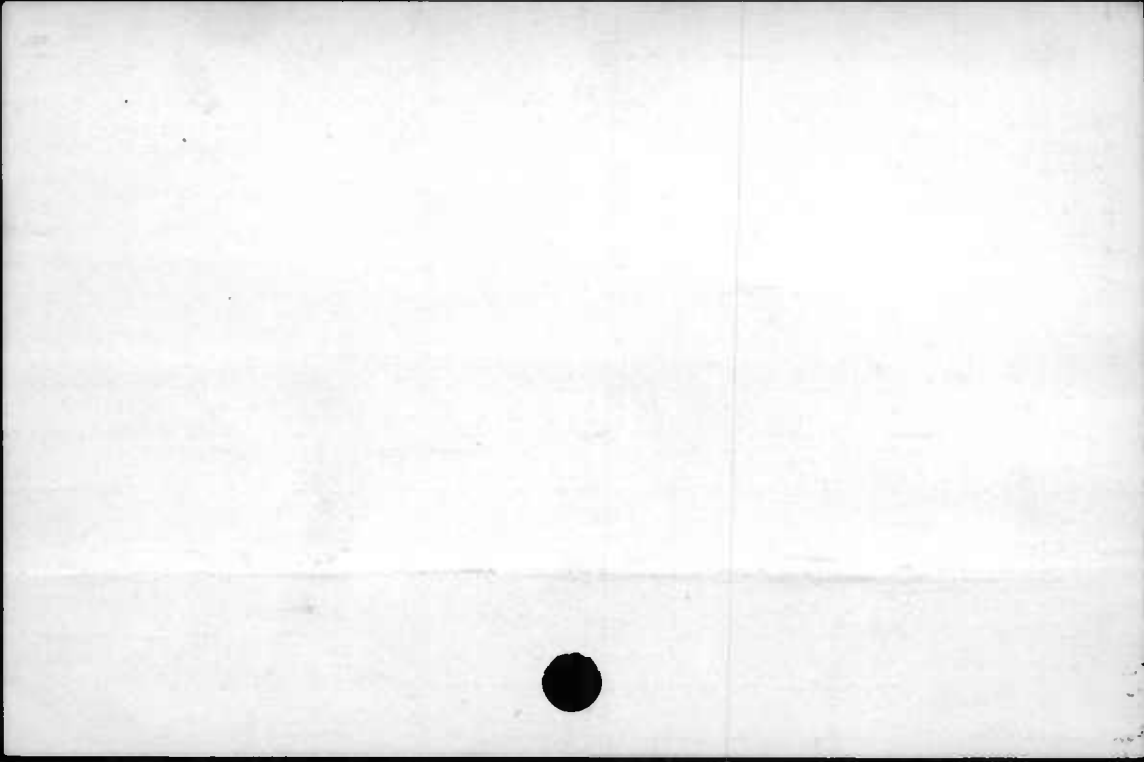
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Blueball</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>5</u>	Day <u>30</u>	Age <u>86</u>	Months <u>3</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Penna</u>		
Occupation _____			Where Residing if not at place of death <u>At Blueball</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>Abraham Hamor</u>	Father's Birthplace <u>Penna</u>				
Mother's Maiden Name <u>Mary Hemkson</u>	Mother's Birthplace <u>Penna</u>				
Name of person giving information <u>Howard Mendenhall</u>	How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senile Dementia & Old Age</u>	How long <u>4 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. F. Miller</u>
	Address <u>North East, Ind.</u>
Accident or Suicide? _____	



Name
in
Full

Lawrence R Harvey

CERTIFICATE OF DEATH

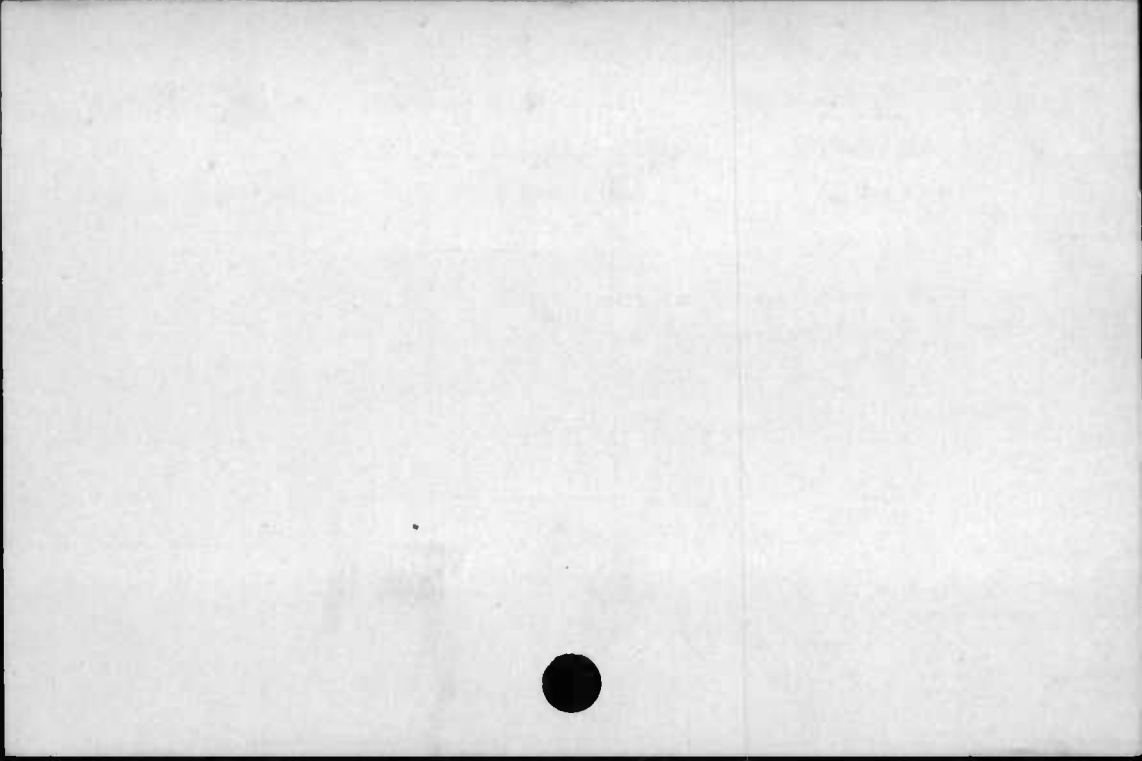
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> ^{Town}		<i>beut</i> ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	17
Sex		Male		Color or Race	White
Occupation		-		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		<i>H. J. Harvey</i>		Father's Birthplace	<i>North East</i>
Mother's Maiden Name		<i>L. E. Grant</i>		Mother's Birthplace	<i>Cherry Hill</i>
Name of person giving information		<i>H. J. Harvey</i>		How related to deceased	<i>Father</i>

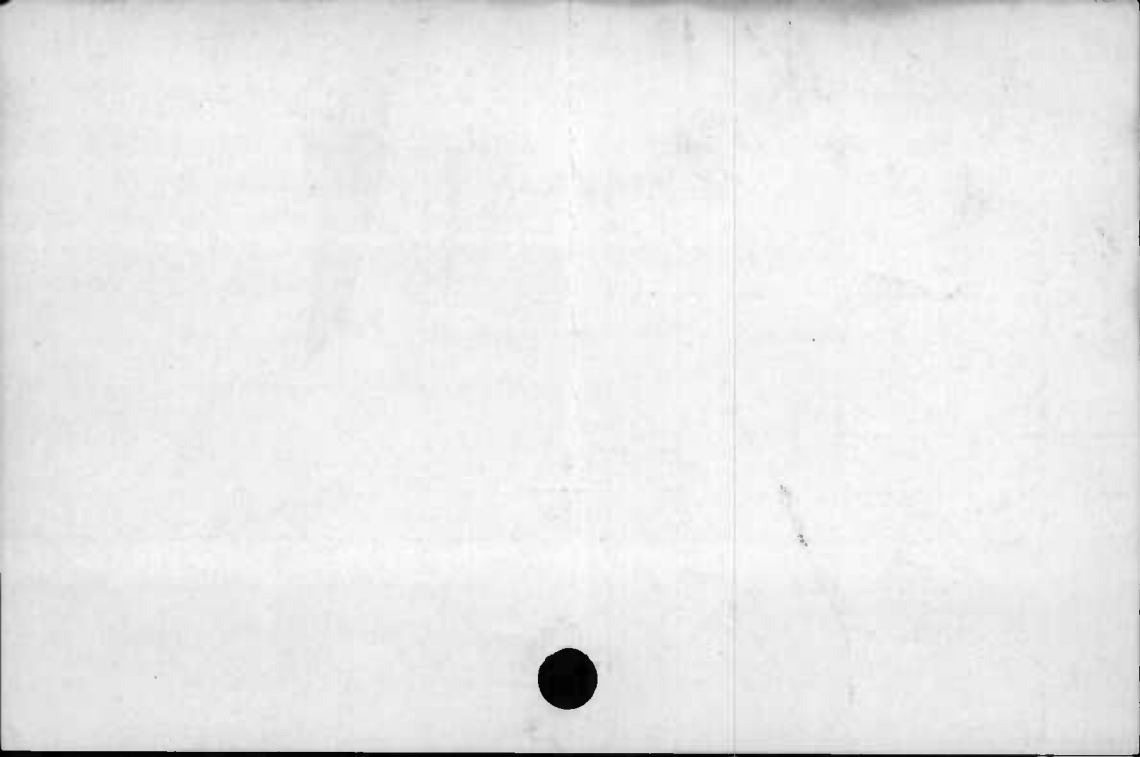
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rubeola</i>	How long	<i>2 weeks</i>
Immediate	<i>Capillary Bronchitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Theo. H. Worrall</i>	
Address		<i>North East</i>	
Accident or Suicide?		<i>MD</i>	



Name in Full		Laura M Jackson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Blytheville		Cecil		MARYLAND	
	Date of death	1906	Month May	Day 26	Age Years 48	Months —	Days —
	Sex	Female		Color or Race	White		Birth- place
	Occupation	Housewife		Where Residing if not at place of death		Cecil Co	
	Married, Single or Widowed	Married		Name of Wife or Husband	Rowell Jackson		
	Father's Name	Frederick Gerhauser				Father's Birthplace	—
	Mother's Maiden Name	Mary Boyd				Mother's Birthplace	—
Name of person giving Information	Rowell Jackson				How related to deceased	Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Paralysis			(64)	How long	Two Weeks
	Immediate	Hemorrhage of brain				How long	
	Are the name, age, sex, color, date and place correctly given above?			Yes			
	Signature of Physician			Geo. M. Stump			
Address			Perryville Md.				
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Town Point</i> ^{Town}		<i>Cecil</i> ^{County}			
Date of death	1906	Month	<i>May</i>	Day	<i>1st</i>
				Age	<i>66</i> Years
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birthplace	<i>Pennsylvania</i>				
Occupation	<i>Merchant</i>		Where Residing if not at place of death	<i>Town Point</i>	
Married Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ischemic Ataxia</i>	How long	<i>Three years</i>
Immediate	<i>Mania</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Conroy, M.D.</i>
		Address	<i>Chesapeake City Md</i>
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

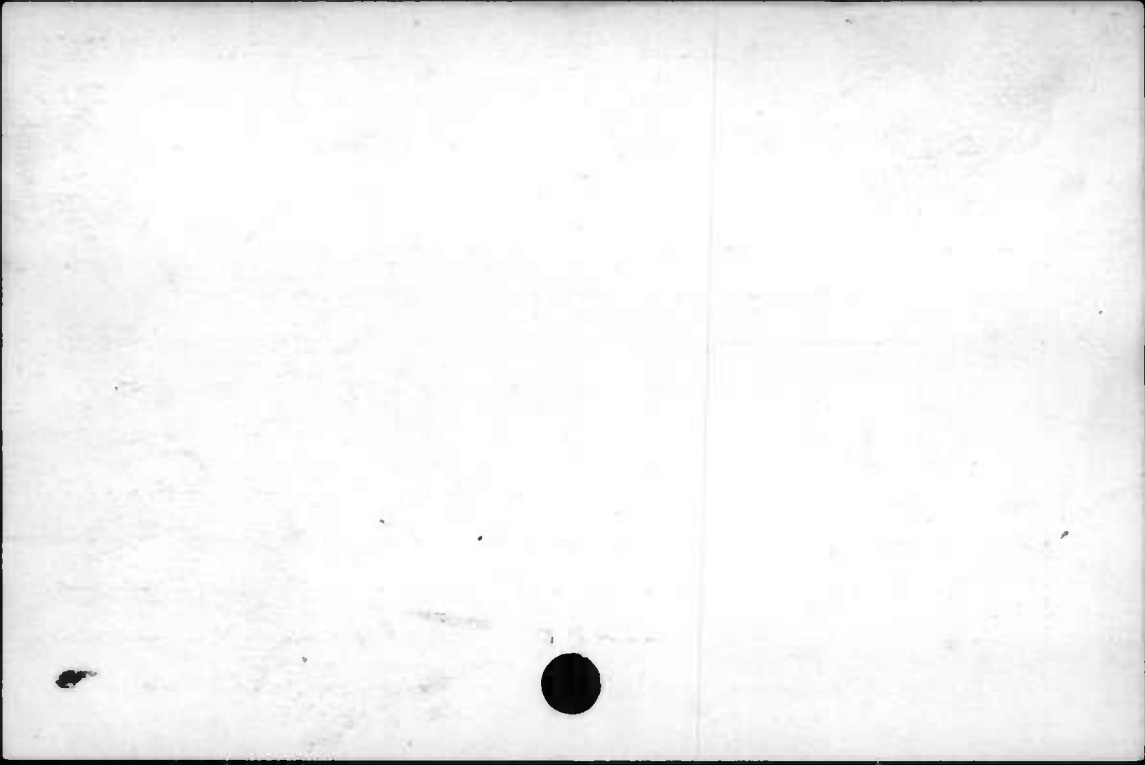
PHYSICIAN
OR CORONER

MARYLAND

How related to deceased Son

CAUSES OF DEATH

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

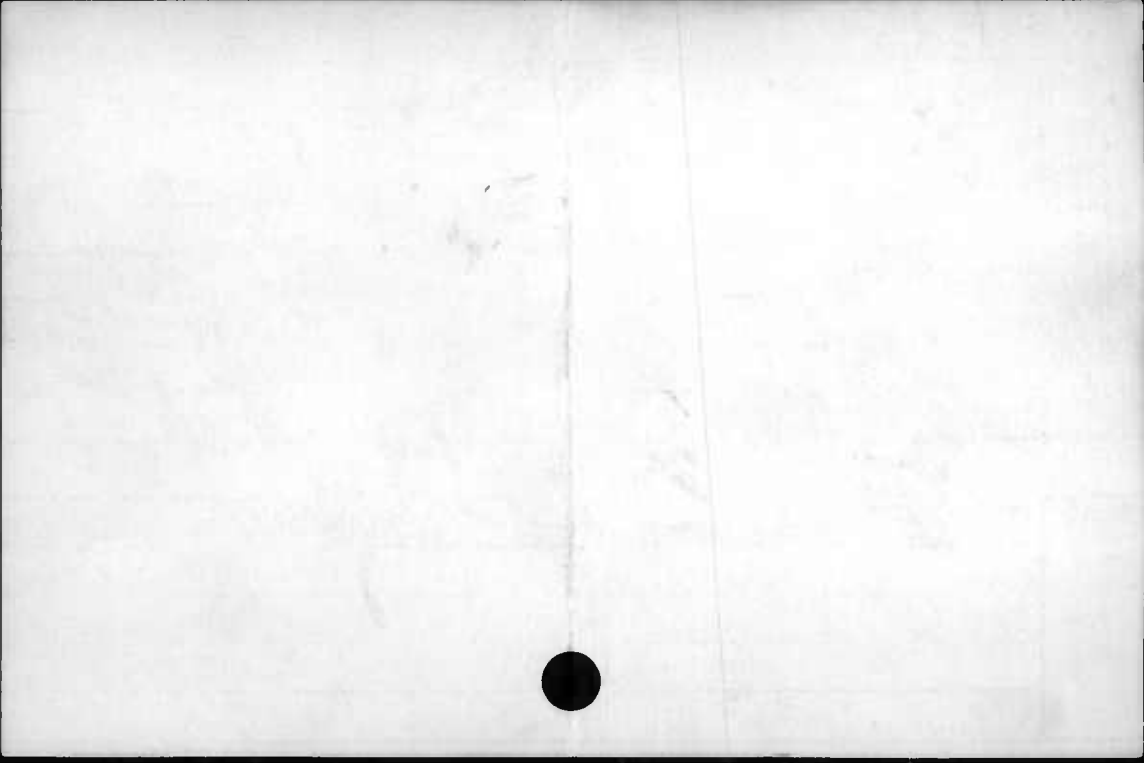
Died at <i>John Riley</i>		Town <i>Rock Springs</i>		County <i>Cecil</i>		MAYLAND	
Date of death 190 <i>6</i>	Month <i>May</i>	Day <i>17th</i>	Age <i>81</i>	Months <i>3</i>	Days <i>5</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co. Md.</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Stone Mason</i>						
Name of Wife or Husband <i>Nancy Brown</i>				<i>Sarah Gray</i>			
Father's Name <i>Charles Riley</i>				Father's Birthplace <i>Cecil Co. Md.</i>			
Mother's Maiden Name <i>Nancy Brown</i>				Mother's Birthplace <i>Lan. Co. Va.</i>			
Name of person giving information <i>Rehward Riley</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>11 hours.</i>
Immediate <i>Apoplexy</i>	How long
Are the name, age, sex, color, day and place correctly given above? <i>(yes)</i>	Signature of Physician <i>J. A. Peoples</i>
	Address <i>Kurks Mills Pa.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> Town		County <u>Cecil</u>			
Date of death <u>1906</u>	Month <u>May</u>	Day <u>31</u>	Years <u>2</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Charles Symers</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Bulah Goodyer</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Chas Symers</u>			How related to deceased <u>brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long <u>95</u>	<u>12 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>H. Arthur Mitchell</u>	<u>Elkton Md.</u>
Accident or Suicide?		Address	

183



Name
in
Full

Peter Kemner Supp.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ekineck* Town

County

Date

of death 1906

Month

May

Day

24

Years

Age 83

Months

7

Days

9

Sex

*Male*Color or
Race*White*Birth-
place*Philadelphia*

Occupation

*Book maker*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
HusbandFather's
Name*Supp.*Father's
Birthplace*not known*Mother's
Maiden Name*Emily Kemner*Mother's
Birthplace*not known*Name of person giving
In formation*Charles Hall North*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

Softening of brain

How long

(65)

Immediate

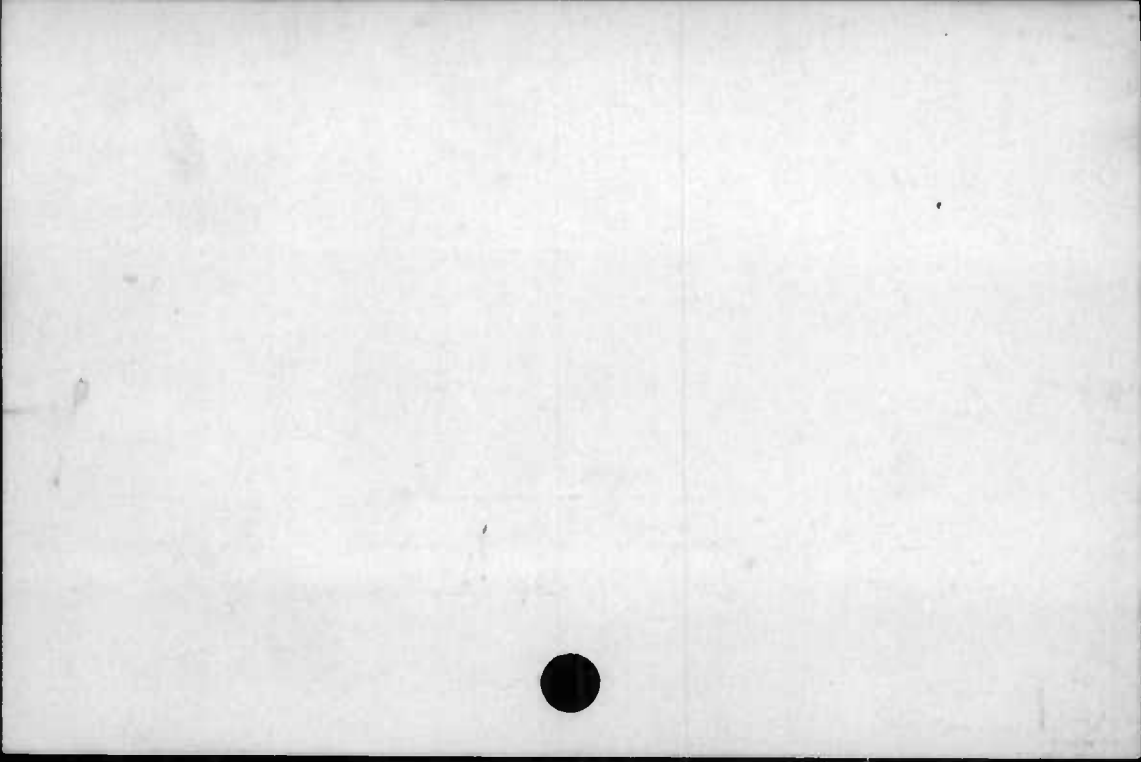
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*P. Kemner
No. 123*

Accident or Suicide?



Name
in
Full

A Evans Taylor

CERTIFICATE OF DEATH

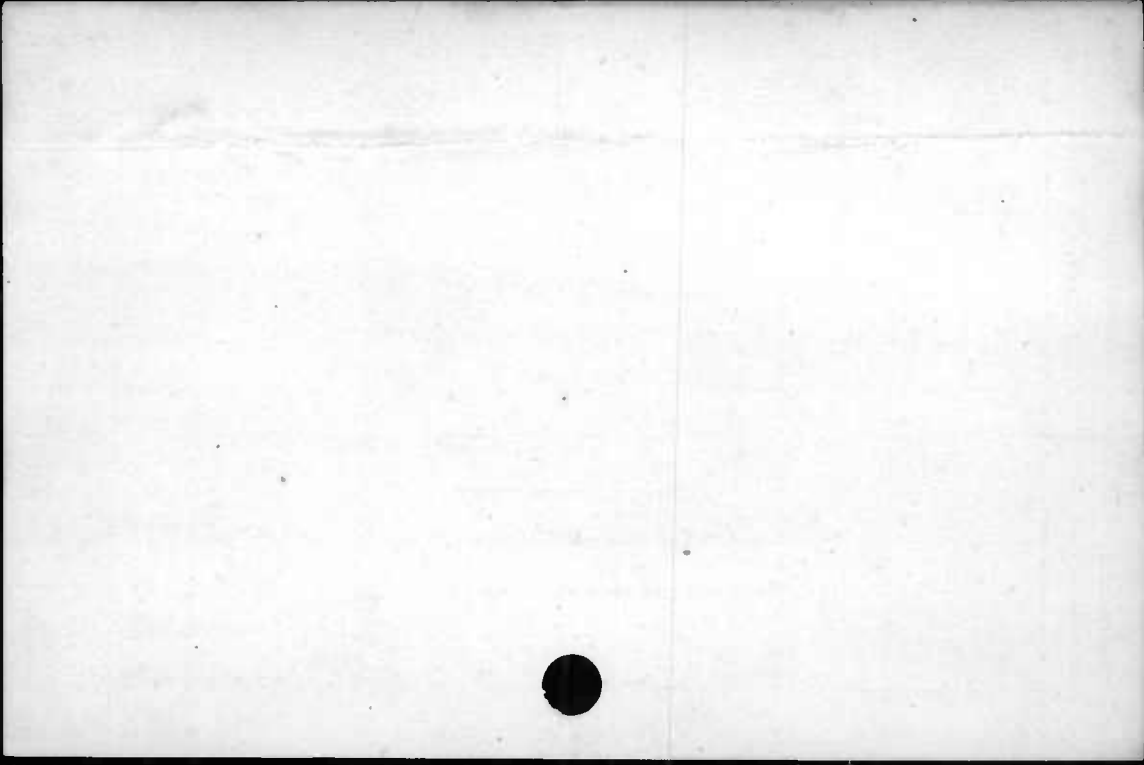
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elkton ^{Town}		Cecil ^{County}		MARYLAND	
Date of death	1906	Month	May	Day	2	Years	Age 65
Sex	Male	Color or Race		White		Birth-place	
Occupation		Merchant		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife Husband Mary Bollings			
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	5 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. Mitchell M.D.	
		Address	
		Elkton Md.	



Name
in
Full

Unknown White Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died ^{Town} near Eleton

County

Cecil

Date

of death 1906

Month

May

Day

1

Years

Age 45

Months

Days

Sex

male

Color or
Race

white

Birth-
place

✓

Occupation

Tramp

Where Residing if not
at place of death

✓

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

✓

Father's
Birthplace

✓

Mother's
Maiden Name

✓

Mother's
Birthplace

✓

Name of person giving
Information

✓

How related
to deceased

✓

CAUSES OF DEATH

Primary

Natural cause heart

How long

Immediate

Failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

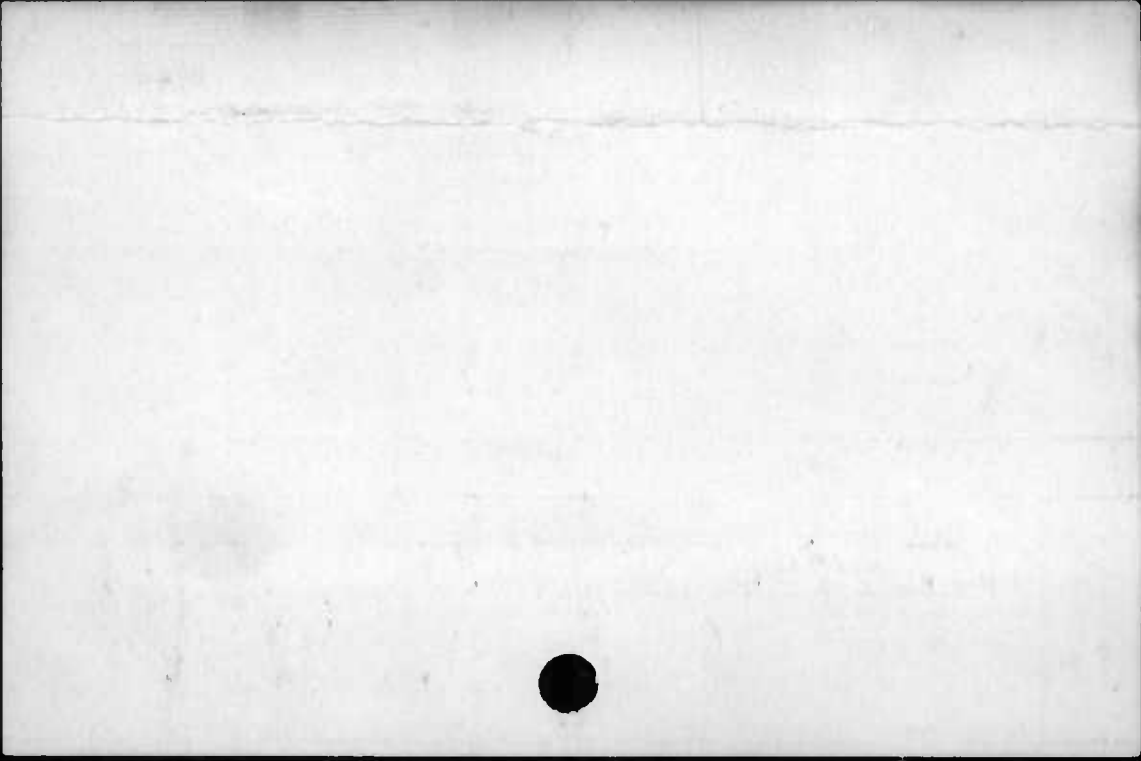
Ricketta Nelson

Address

Coroner of Cecil Co.

Eleton, Maryland

Accident or Suicide?



Name
in
Full

William Robert Williams

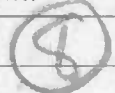
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leeds</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	Month <u>5</u>	Day <u>4</u>	Age <u>—</u>	Years <u>—</u>	Months <u>8</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>MS</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Richard Williams</u>		Father's Birthplace <u>MS</u>			
Mother's Maiden Name <u>Mary Dorsey</u>		Mother's Birthplace <u>MS</u>			
Name of person giving information <u>Mary Williams</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pertussis</u> 	How long <u>3 weeks</u>
Immediate <u>Convulsions</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. D. Connors MD</u>
<u>Yes</u>	Address <u>Cherry Hill</u>
Accident or Suicide?	<u>MS</u>

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me
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Bentley W. Wilson
 Died at Elk Neck Cecil County
 Date of death 1906 May 7 Age 65
 Sex Female Color or Race White Birth-place Collingswood N.J.
 Occupation House keeper Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband William J. Wilson
 Father's Name Isaac J. Collings Father's Birthplace New Jersey
 Mother's Maiden Name Rachel Ann Cox Mother's Birthplace New Jersey
 Name of person giving information Edw. C. Wilson How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Appurition How long
 Immediate How long
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician R. A. C. How long
 Address
 Accident or Suicide?

